

Received 3510 For RTHC - JD - 4/26 -



Adult Presentence Report **Superior Court of New Jersey, HUDSON County**

This report shall remain confidential and copies thereof shall not be made nor the disclosure of the contents of such report be made to third persons except as may be necessary in subsequent court proceedings involving the sentence imposed or disposition made.

LAST NAME MANSOUR		FIRST NAME MOHAMMAD		MIDDLE NAME K																					
ALSO KNOWN AS MOHAMED MONSOUR (Cont...)		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH 02/06/1970	AGE 43	PLACE OF BIRTH ISRAEL																				
RACE Palestine	SOCIAL SECURITY NUMBER 144-70-8377	DRIVER'S LICENSE NUMBER NJ-M04735607202704			EYE COLOR Blue																				
ADDRESS 209 9TH STREET 2ND FL FAIRVIEW			STATE NJ	ZIP CODE 07022	RESIDENCE PHONE (201) 941-8287																				
INDICTMENT / ACCUSATION / COMPLAINT NUMBER 12-07-01375-I		PROMIS NUMBER 12 000665-001	SPN 121234	SBI # 926854B	FBI # 164794VA4																				
ORIGINAL CHARGES 1. THEFT BY UNLAW TAKING, 2C:20-3, DEG:3;			FINAL CHARGES 1. THEFT BY UNLAW TAKING, 2C:20-3, DEG:3;																						
PLEA AGREEMENT / SPECIAL FACTORS <input type="checkbox"/> Trial <input checked="" type="checkbox"/> Plea State to ask for Probation Sentence; Defendant to ask for straight probation with restitution on sentence day			MANDATORY MINIMUM SENTENCE PURSUANT TO N.J.S.A. 2C: <table border="0"> <tr> <td><input type="checkbox"/> 11-3</td> <td><input type="checkbox"/> 11-5</td> <td><input type="checkbox"/> 12-2</td> <td><input type="checkbox"/> 13-1</td> </tr> <tr> <td><input type="checkbox"/> 14-6</td> <td><input type="checkbox"/> 15-2</td> <td><input type="checkbox"/> 17-1</td> <td><input type="checkbox"/> 20-11</td> </tr> <tr> <td><input type="checkbox"/> 29-6</td> <td><input type="checkbox"/> 35-3</td> <td><input type="checkbox"/> 35-4</td> <td><input type="checkbox"/> 35-5</td> </tr> <tr> <td><input type="checkbox"/> 35-6</td> <td><input type="checkbox"/> 35-7</td> <td><input type="checkbox"/> 35-8</td> <td><input type="checkbox"/> 39-10</td> </tr> <tr> <td><input type="checkbox"/> 43-6</td> <td><input type="checkbox"/> 43-7</td> <td><input type="checkbox"/> 43-7.1</td> <td><input type="checkbox"/> 43-7.2</td> </tr> </table>			<input type="checkbox"/> 11-3	<input type="checkbox"/> 11-5	<input type="checkbox"/> 12-2	<input type="checkbox"/> 13-1	<input type="checkbox"/> 14-6	<input type="checkbox"/> 15-2	<input type="checkbox"/> 17-1	<input type="checkbox"/> 20-11	<input type="checkbox"/> 29-6	<input type="checkbox"/> 35-3	<input type="checkbox"/> 35-4	<input type="checkbox"/> 35-5	<input type="checkbox"/> 35-6	<input type="checkbox"/> 35-7	<input type="checkbox"/> 35-8	<input type="checkbox"/> 39-10	<input type="checkbox"/> 43-6	<input type="checkbox"/> 43-7	<input type="checkbox"/> 43-7.1	<input type="checkbox"/> 43-7.2
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<input type="checkbox"/> 43-6	<input type="checkbox"/> 43-7	<input type="checkbox"/> 43-7.1	<input type="checkbox"/> 43-7.2																						
OFFENSE DATE 01/02/2012	ARREST DATE 01/02/2012	PLEA / CONVICTION DATE 02/25/2013	SENTENCE DATE 04/12/2013	<input type="checkbox"/> Pending Charges <input type="checkbox"/> Detainers																					
CUSTODIAL STATUS <input checked="" type="checkbox"/> ROR <input type="checkbox"/> BAIL <input type="checkbox"/> JAIL		BAIL AMOUNT .00	DATE BAIL POSTED	INTERPRETER NEEDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LANGUAGE																				
Jail Time Credit			Gap Time Credit																						
FROM (DATE)	TO (DATE)	TOTAL JAIL TIME CREDIT DAYS	FROM (DATE)	TO (DATE)	TOTAL GAP TIME CREDIT DAYS																				
SENTENCING JUDGE John A. Young, Jr.			<input type="checkbox"/> Public Defender <input type="checkbox"/> Private <input type="checkbox"/> Assigned																						
			DEFENSE ATTORNEY SAMUEL R DELUCA ADDRESS 3451 KENNEDY BLVD JERSEY CITY NJ 07307																						
ASSISTANT PROSECUTOR CHRISTINA KRAUTHAMER			PHONE NUMBER (201) 653-7200																						
COMMENTS																									
PROBATION OFFICER JENNIFER CARRION		DATE PREPARED	TEAM LEADER / SUPERVISOR PATRICIA PAINE		DATE APPROVED																				

Revised: 01/2006, CN: 10693-english

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CONFIDENTIAL

MANSOUR-0169

Additional Information

LAST NAME MANSOUR	FIRST NAME MOHAMMAD	MIDDLE NAME K
INDICTMENT / ACCUSATION / COMPLAINT NUMBER 12-07-01375-I	PROMIS NUMBER 12 000665-001	SBI # 926854B

Additional Info, Page 1

ALSO KNOWN AS

MOHAMMED K MANSOUR
MIKE MANSOUR

Offense Information

LAST NAME

MANSOUR

FIRST NAME

MOHAMMAD

MIDDLE NAME

K

INDICTMENT/ACCUSATION/COMPLAINT NUMBER

12-07-01375-I

PROMS NUMBER

12 000665-001

SBI #

926854B

OFFENSE CIRCUMSTANCES

On 1/18/12, Ms. Wright (Supervisor for Ashley Furniture) contacted the Secaucus Police Department to report an employee theft. Mr. Sciarrino (General Manager) stated that he terminated Mohammed Mausour (Sales Manager) on 1/17/12, when a customer stated that she made two cash installments (\$3,509.48 in total) for an order meant to be delivered on 1/21/12. The customer made the payments in cash on the sales floor directly to Mausour, who then pocketed the money and removed the order from the system. Mausour printed an invoice and hand-wrote "paid in full" on the invoice to provide proof of payment to the customer. It is unknown how many incidents like this occurred during Mausour's time at Ashley Furniture. A summons was issued with a CJP date of 2/29/12.

SPECIAL FACTORS RELATIVE TO OFFENSE

Victim is listed as:

Ashley Furniture Homestore
925 Paterson Plank Rd
Secaucus, NJ 07094
201.520.0634

DEFENDANT'S VERSION (COMPLETE ONLY UPON APPLICATION FOR PTI AND AFTER CONVICTION)

MR. MANSOUR WAS INTERVIEWED ON 3/5/2013 AND STATED THE FOLLOWING IN REGARDS TO THE PRESENT PENDING:

"MY ATTORNEY TOLD ME TO RELY UPON MY STATEMENT IN OPEN COURT."

VICTIM STATEMENT(S) ATTACHED

☐ YES ☒ NO

IF NO, CHECK REASON

☒ NO RESPONSE☐ NOT APPLICABLE

DATE REQUEST MADE

03/05/2013

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MANSOUR-0171



Uniform Defendant Intake Superior Court of NJ

LAST NAME MANSOUR		FIRST NAME MOHAMMAD		MIDDLE NAME K	
ALSO KNOWN AS MOHAMED MONSOUR (Cont...)		SPN 121234	SBI # 926854B	DRIVER'S LICENSE NUMBER NJ-M04735607202704	
DATE OF BIRTH 02/06/1970	AGE 43	PLACE OF BIRTH ISRAEL		SOCIAL SECURITY NUMBER 144-70-8377	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F
HEIGHT 5'11"	WEIGHT 170	EYE COLOR Blue	HAIR COLOR BLACK	DISTINGUISHING MARKS None	
ALIEN STATUS		CITIZENSHIP <input checked="" type="checkbox"/> US <input type="checkbox"/> OTHER		OTHER CITIZENSHIP (NATIONALITY)	
ATTORNEY'S NAME SAMUEL R DELUCA		COMPLAINT DATE 02/21/2012		INTERPRETER NEEDED LANGUAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
POLICE AGENCY		COUNTY HUDSON	COURT OF FILING		
COMMITMENT NO.	INITIAL BAIL AMOUNT \$.00	INITIAL BAIL TYPE <input type="checkbox"/> FULL SURETY <input type="checkbox"/> 10% CASH <input checked="" type="checkbox"/> ROR <input type="checkbox"/> OTHER			BAIL STATUS <input type="checkbox"/> JAIL <input type="checkbox"/> ROR <input type="checkbox"/> BAIL
CHARGES 1. THEFT BY UNLAW TAKING, 2C:20-3, DEG:3;		COMPLAINT NUMBERS S-2012-000107-0909	PROMIS NUMBERS 12 000665-001	INDICTMENT / ACC. NUMBER 12-07-01375-I	
CODEFENDANTS' NAMES		COMPLAINT NUMBERS	PROMIS NUMBERS	INDICTMENT / ACC. NUMBER	

1. Criminal History

PRIOR RECORD <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PENDING CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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2. Residence

NUMBER OF YEARS IN COUNTY: 20 NJ: 42 US: 42	RESIDENCE STATUS <input checked="" type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	HOW LONG AT CURRENT ADDRESS 12 years
ADDRESS 209 9TH STREET 2ND FL FAIRVIEW NJ 07022		
NAME OF COHABITANT MAISON MANSOUR	RELATIONSHIP TO DEFENDANT WIFE	RESIDENCE PHONE (201) 941-8287
PRIOR ADDRESS 9010 FULTON AVE NORTH BERGEN NJ 07047		EMERGENCY PHONE (201) 941-8287
NAME OF COHABITANT Maison Mansour	RELATIONSHIP TO DEFENDANT Wife	HOW LONG AT THIS ADDRESS 15 years
MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DOMESTIC PARTNERSHIP	NUMBER OF DEPENDENTS 3	PAY SUPPORT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DOES THE DEFENDANT HAVE PRIMARY CARE OF CHILDREN OR OTHER DEPENDENTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	IF YES, HAS THE DEFENDANT MADE ALTERNATE CARE ARRANGEMENTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	HAS ALTERNATE CARE INFORMATION BEEN OBTAINED OR REFERRAL MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DEFENDANT SUPPLEMENTAL CONTACT MAISON MANSOUR	RELATIONSHIP TO DEFENDANT WIFE	TELEPHONE NUMBER (201) 941-8287
CONTACT PERSON'S ADDRESS 209 9TH STREET FAIRVIEW NJ 07022		
COMMENTS		

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MANSOUR-0172

Additional Information

LAST NAME	FIRST NAME	MIDDLE NAME
MANSOUR	MOHAMMAD	K
INDICTMENT / ACCUSATION / COMPLAINT NUMBER	PROMIS NUMBER	SBI #
12-07-01375-I	12 000665-001	926854B

Additional Info, Page 1

ALSO KNOWN AS

MOHAMMED K MANSOUR
MIKE MANSOUR

Uniform Defendant Intake: Superior Court of NJ					
LAST NAME MANSOUR		FIRST NAME MOHAMMAD		MIDDLE NAME K	
3. Defendant's Health Status					
REPORTED PHYSICAL HEALTH <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> POOR		REPORTED MENTAL HEALTH <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> POOR		DRUG / ALCOHOL USE <input type="checkbox"/> PRESENT <input type="checkbox"/> PAST <input checked="" type="checkbox"/> NONE	
				USE AT TIME OF OFFENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
4. Physical Appearance / Additional Comments					
PHYSICAL APPEARANCE DESCRIPTION THE DEFENDANT IS A 43 YEAR OLD MALE. HE STANDS 5'11" TALL AND WEIGHS APPROXIMATELY 170 LBS.					
MEDICATION / FREQUENCY NONE REPORTED.					
5. Substance Abuse History					
SUBSTANCE USED	FREQUENCY	METHOD OF INGESTION	INITIAL USE	LAST USE	
6. Medical / Mental Health / Substance Abuse Treatment History & Insurance Coverage					
TREATMENT FACILITIES		LOCATIONS		DATES OF TREATMENT	
DIAGNOSIS / COMMENTS MR. MANSOUR REPORTED BEING IN GOOD PHYSICAL AND MENTAL HEALTH AND DENIED BEING UNDER ANY MEDICAL TREATMENT OR PSYCHIATRIC CARE. HE DENIED ANY PAST USE/EXPERIMENTATION OF DRUGS OR ALCOHOL.					
ADULT DIAGNOSTIC TREATMENT CENTER EVALUATION ORDERED?		DATE ORDERED		COPY RECEIVED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	
PSYCHOLOGICAL EVALUATION ORDERED?		DATE ORDERED		COPY RECEIVED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	
REFERRED FOR SUBSTANCE ABUSE EVALUATION?		TASC		OTHER AGENCY	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
HEALTH INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		INSURED'S NAME SELF		POLICY NUMBER	
INSURANCE CARRIER OXFORD NAME AND ADDRESS					
COMMENTS					

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MANSOUR-0174

Uniform Defendant Intake: Superior Court of NJ

LAST NAME MANSOUR	FIRST NAME MOHAMMAD	MIDDLE NAME K
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7. Employment

CURRENT EMPLOYER'S NAME AND ADDRESS CLASSIC FURNITURE, 700 31ST STREET, UNION CITY, NJ			
OCCUPATION MANAGER	YEARS / MOS. 4 MONTHS	PHONE	
SKILLS	SALARY 3200/MO	IF UNEMPLOYED, HOW LONG	HOW SUPPORTED
PREVIOUS EMPLOYER'S NAME AND ADDRESS ASHLEY FURNITURE, SECAUCUS, NJ FOR ABOUT 2 YEARS			FROM TO
EMPLOYMENT VERIFICATION AND WORK HISTORY SELF EMPLOYED: BUYING AND SELLING LIQUIDATION FOR ABOUT 5 YEARS			

8. Financial Status

Net Monthly Income	\$ 3,200.00	House(s) / Land Market Value	\$.00
Spousal / Cohabitant Contribution	\$.00	Value of All Motor Vehicles	\$.00
Unemployment / Disability	\$.00	Cash	\$.00
Social Security	\$.00	Current Balance Checking Accts.	\$.00
Veterans Administration	\$.00	Current Balance Savings Accts.	\$.00
Pension	\$.00	Civil Judgment Awards / Pending	\$.00
Public Assistance / Subsidies	\$.00	Current Value of Stocks / Bonds	\$.00
Child Support / Alimony	\$.00	Face Value of CDs / IRAs / 401Ks	\$.00
Food Stamps	\$.00	Money Market Accounts	\$.00
Housing Subsidies	\$.00	Retrievable Bail Amt. & Location	\$.00
Trust Fund Income	\$.00		
Institutional Wages	\$.00	Other Assets	\$.00
Income From Rental Properties	\$.00	Other Assets	\$.00
TOTAL MONTHLY INCOME	\$ 3,200.00	TOTAL ASSETS	\$.00
Rent	\$ 1,200.00	Mortgage Loan Balances	\$.00
Mortgage	\$.00	Vehicle Loan Balances	\$.00
Property Taxes	\$.00	Support Arrearage	\$.00
Child Support / Alimony	\$.00	Medical / Dental / Hospital Debts	\$.00
PAID THROUGH PROBATION DEPT.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Attorney Fees	\$.00
Vehicle Loans & Insurance	\$ 84.00	Fines Owed to Other Courts	\$.00
Household Utilities	\$ 350.00	Credit Card Balances	\$.00
Other Household Expenses	\$ 1,000.00	Civil Judgments Owed	\$.00
Other Loans & Expenses	\$.00	Other Debts and Expenses	\$.00
TOTAL MONTHLY PAYMENTS	\$ 2,634.00	TOTAL DERTS	\$.00

FINANCIAL COMMENTS INCLUDING DEFENDANTS REPORTED ABILITY TO PAY COURT IMPOSED ASSESSMENTS PER MONTH:

I WISH TO BE REPRESENTED BY ☒ PUBLIC DEFENDER ☐ PRIVATE COUNSEL**CERTIFICATION**

I certify that the foregoing statements made by me in the above Financial Statement are true. If I have indicated above that I wish to be represented by a public defender, I am submitting this Financial Statement in support of my application to establish indigency, and I am aware that if any statements made by me in the Financial Statement are willfully false, I am subject to punishment as provided by R. 1:4-4(b).

DEFENDANT'S SIGNATURE	DATE
INTERVIEWER'S SIGNATURE	TITLE
	DATE

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Uniform Defendant Intake: Superior Court of NJ

LAST NAME

MANSOUR

FIRST NAME

MOHAMMAD

MIDDLE NAME

K

9. Family History

PARENTAL

THE DEFENDANT'S MOTHER SARA MANSOUR (79) RESIDES IN CLIFTON, NJ. HIS FATHER KHALID MANSOUR PASSED AWAY IN AUGUST 2007. HE HAS TWO SISTERS AND A BROTHER: KHALDIA NASER (47) WEST NY; MUFTY MANSOUR (46) NORTH BERGEN, NJ; MUSTAFA MANSOUR (49) CLIFTON, NJ.

THE DEFENDANT REPORTED BEING RAISED BY BOTH PARENTS AND DESCRIBED HIS CHILDHOOD AS "GOOD, NORMAL." HE DENIED ANY FORM OF ABUSE, DRUGS, OR ALCOHOL IN THE HOME.

MARITAL / CHILDREN

THE DEFENDANT IS MARRIED TO MAISON MANSOUR (39). THEY HAVE THREE CHILDREN: SAMMY (20), ASAD (15), AND ASHRAF (11).

HOME / NEIGHBORHOOD / ENVIRONMENT

MR. MANSOUR IS CURRENTLY RESIDING AT 209 9TH STREET 2ND FL, FAIRVIEW, NJ WITH HIS WIFE AND CHILDREN FOR ABOUT 12 YEARS.

10. Military Service History

BRANCH

DISCHARGE

☐ HONORABLE ☐ GENERAL ☐ OTHER

SERVICE PERIOD

COMMENTS

11. Education

LAST SCHOOL YEAR COMPLETED (1-20)

14

GRADUATE

☐ YES ☒ NO ☐ GED

YEAR GRADUATED

CURRENTLY IN SCHOOL

☐ YES ☒ NO

MAJOR / SPECIAL TRAINING

BUSINESS

LAST SCHOOL ATTENDED

JERSEY CITY STATE COLLEGE, JERSEY CITY, NJ

AGE LAST ATTENDED

COMMENTS

MOHAMMAD MANSOUR REPORTED THAT AS A TEEN HE ATTENDED MEMORIAL HIGH SCHOOL IN WEST NEW YORK AND THEN RETURNED TO JERUSALEM WHERE HE GRADUATED FROM FBS HIGH SCHOOL. HE STATED THAT HE RECEIVED AN ASSOCIATES DEGREE FROM JERSEY CITY STATE COLLEGE IN BUSINESS COMMUNICATION.

12. Other Information / Comments

COMMENTS